
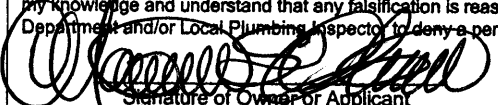
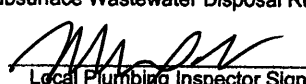


SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	LAMOINE	Town/City <u>LAMOINE</u>	Permit # <u>1710</u>
Street or Road	ROUTE 184	Date Permit Issued <u>8/13/13</u>	Fee \$ <u>150</u> Double Fee Charged ()
Subdivision, Lot #			L.P.I. # <u>1040</u>
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	OLIVER, MOE	<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Applicant	
Mailing Address of	P.O. BOX 262	The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with the application and the Maine Subsurface Wastewater Disposal Rules.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	FRANKLIN, ME. 04634		
Daytime Tel. #	207-565-3849	Municipal Tax Map # <u>15</u>	Lot # <u>12</u>
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit. 		I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application. 	
Signature of Owner or Applicant Date <u>8/13/13</u>		(1st Date Approved) <u>8-14-13</u> (2nd Date Approved) <u>8-15-13</u>	

PERMIT INFORMATION

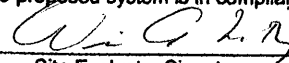
TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: <u>TANK AND STONE BED</u> Year Installed: <u>1960's</u> <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. < 25% Expansion <input type="checkbox"/> b. ≥ 25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: (SPECIFY) _____ Current Use: <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	DISPOSAL SYSTEM COMPONENT(S) <input type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input checked="" type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous components TYPE OF WATER SUPPLY <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____
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DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <u>EXISTING</u> <input checked="" type="checkbox"/> a. Regular <u>CHECK</u> <input type="checkbox"/> b. Low Profile <u>CONDITION</u> <input type="checkbox"/> 2. Plastic <u>IF NEEDED</u> <input checked="" type="checkbox"/> 3. Other: <u>3' PUMP TANK</u> CAPACITY <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device _____ <input type="checkbox"/> a. Cluster Array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE <u>600</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. Multi-compartment Tank <input type="checkbox"/> b. _____ Tanks in Series <input type="checkbox"/> c. Increase in Tank Capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW <u>160</u> gallons per day BASED ON <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at Center of Disposal Area Lat. <u>44° 28' 45" N</u> Lon. <u>68° 26' 26" W</u> If g.p.s., state margin of error: <u>30'</u>
SOIL DATA & DESIGN CLASS PROFILE CONDITION <u>4/1/C</u> at Observation Hole # <u>1</u> Depth <u>36"</u> OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium – 2.6 sq. ft./gpd <input checked="" type="checkbox"/> 2. Medium-Large – 3.3 sq. ft./gpd <input type="checkbox"/> 3. Large – 4.1 sq. ft./gpd <input type="checkbox"/> 4. Extra Large – 5.0 sq. ft./gpd	EFFLUENT/EJECTOR PUMP <input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May be Required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems DOSE: _____ gallons	

SITE EVALUATOR STATEMENT

I certify that on 8-5-13 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

 Site Evaluator Signature WILLIAM A. LaBELLE, JR.	319 SE# (207) 537-5900	<u>8-9-13</u> Date labelleseptic@rivah.net
Site Evaluator Name Printed	Telephone Number	E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

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Town, City, Plantation
LAMOINE

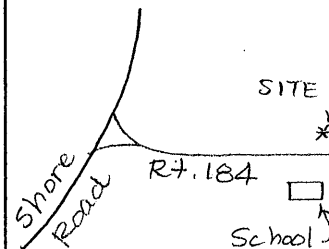
Street, Road, Subdivision
ROUTE 184

Owner or Applicant Name
MOE OLIVER

SITE PLAN

Scale 1" = 30 Ft.

SITE LOCATION PLAN
(Attach map from Maine Atlas
for First Time System Variance)



(SEE ATTACHED SITE PLAN)

SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above or on pg. 2A)

Observation Hole #1 ☒ Test Pit ☐ Boring
3 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
SANDY GRAVELLY LOAM		VERY DARK GRAYISH BROWN (10YR 3/2)	
LOAMY		DARK YELLOWISH BROWN (10YR 4/6)	
GRAVELLY	FRIABLE	LIGHT OLIVE BROWN (2.5Y 5/4)	N.E.
SAND			

Soil Classification 4 C Slope 1-3% Limiting Factor 36"
Profile Condition Depth Ground Water ☐
Restrictive Layer ☐
Bedrock ☐
Pit Depth ☒

Observation Hole _____ ☐ Test Pit ☐ Boring
_____ " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling

Soil Classification _____ Slope _____ Limiting Factor _____
Profile Condition Depth Ground Water ☐
Restrictive Layer ☐
Bedrock ☐
Pit Depth ☐

W. C. 2.8
Site Evaluator's Signature

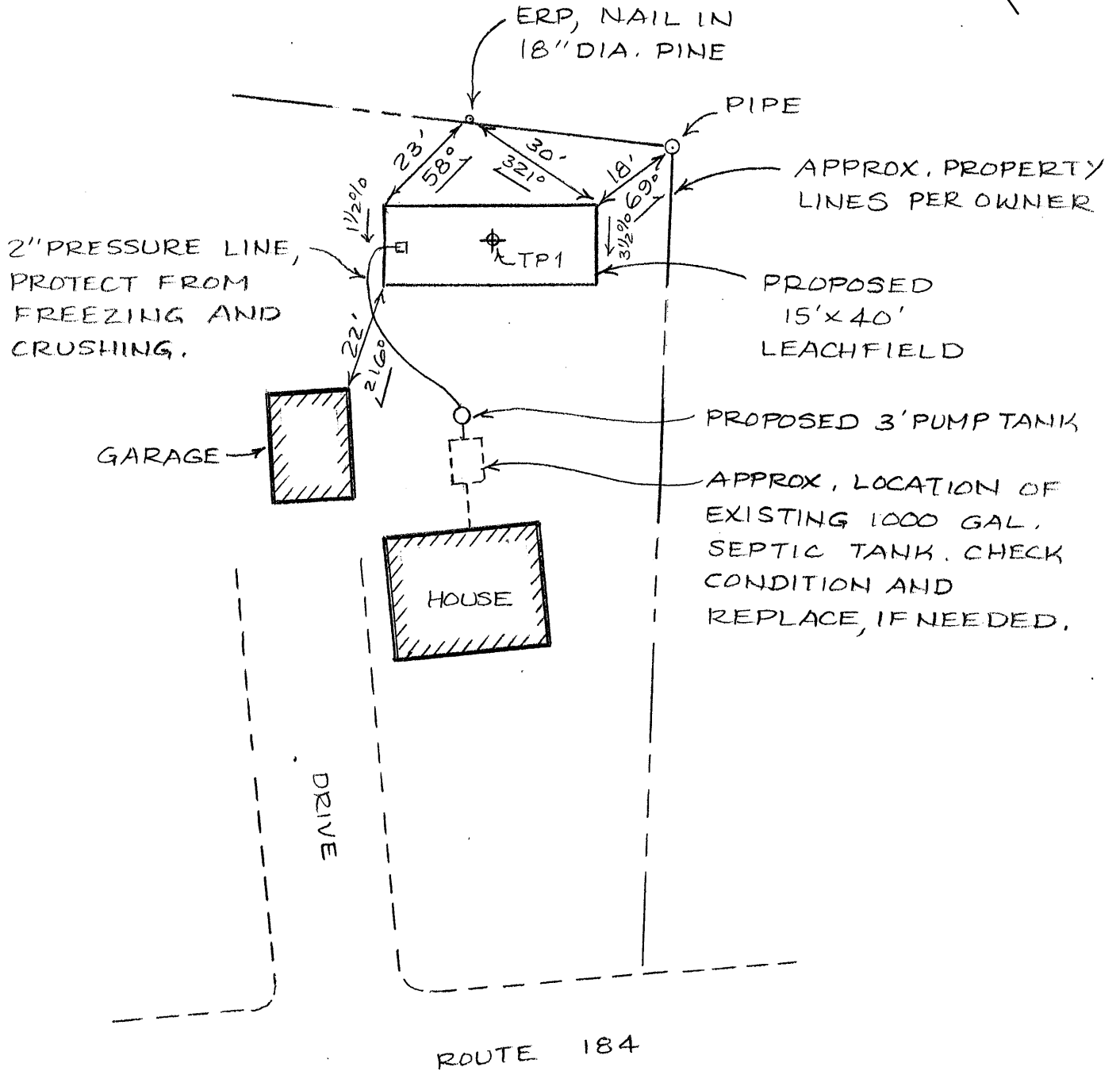
319
S. E. #

8-9-13
Date

SITE PLAN:

SCALE: 1" = 30 FT.

MAGNETIC
NORTH



Moe Oliver
Site Evaluator's Signature

319
S.E. #

8-9-13
Date

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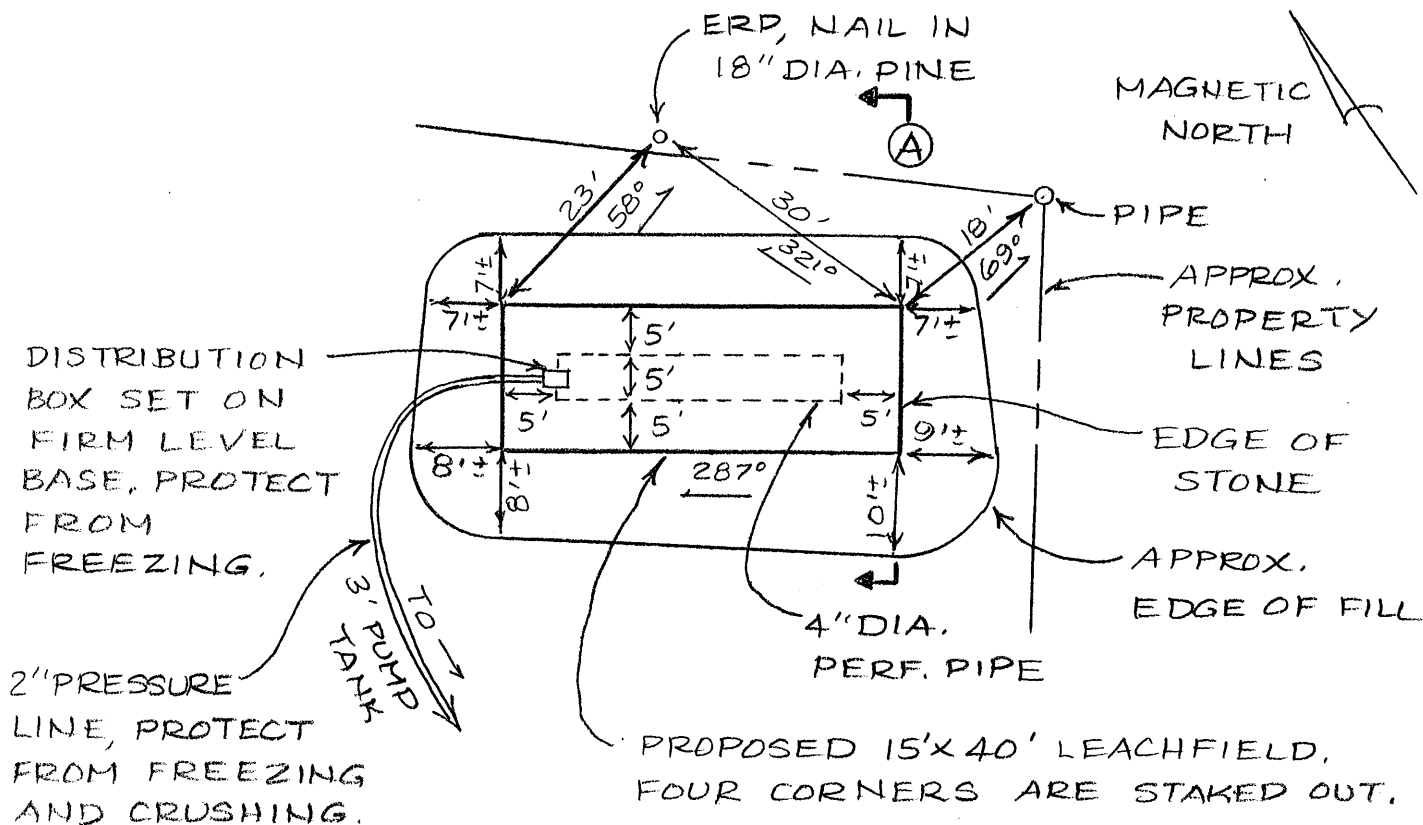
Town, City, Plantation
LAMOINE

Street, Road, Subdivision
ROUTE 184

Owner or Applicant Name
MOE OLIVER

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS	SYSTEM:	PRIVY:	ELEVATION REFERENCE POINT
Depth of Backfill (Upslope)	12"	Finished Grade Elevation	-36"		Location & Description NAIL 21"
Depth of Backfill (Downslope)	15'-18"	Top of Distribution Pipe or Proprietary Device	-49"	N/A	ABOVE GROUND IN 18" DIA.
Depths @ cross-section shown below or on X-sec. detail.		Bottom of Disposal Field	-60"		PINE.
					Reference Elevation is: 0"

DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)

NOTES:

1. GRADE SURROUNDING AREA TO DIVERT SURFACE WATER AWAY FROM SYSTEM.
2. ALL WORK DONE ADJACENT TO WETLANDS AND WATER BODIES MUST BE DONE IN COMPLIANCE WITH SECTION 11-M OF THE SUBSURFACE WASTEWATER DISPOSAL RULES; EROSION AND SEDIMENT CONTROL MEASURES MUST BE IN ACCORDANCE WITH THE MARCH 2003 EDITION OF THE MAINE DEP HANDBOOK "MAINE EROSION AND SEDIMENT CONTROL BMPs" (DEPLW0588).
3. PROTECT PUMP TANK(S) FROM FREEZING AND INSTALL RISER TO FINISH GRADE OF APPROPRIATE SIZE TO ALLOW PUMP REMOVAL.
4. INSTALL RISERS ON ALL EXISTING TANK COVERS TO FINISH GRADE.

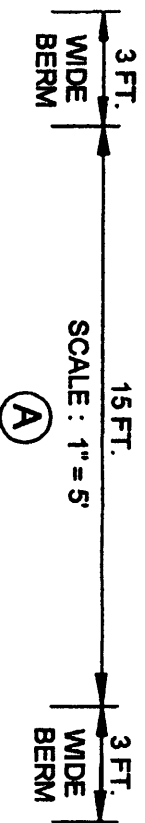
W. C. 2.17
Site Evaluator's Signature

319
S.E. #

8-9-13
Date

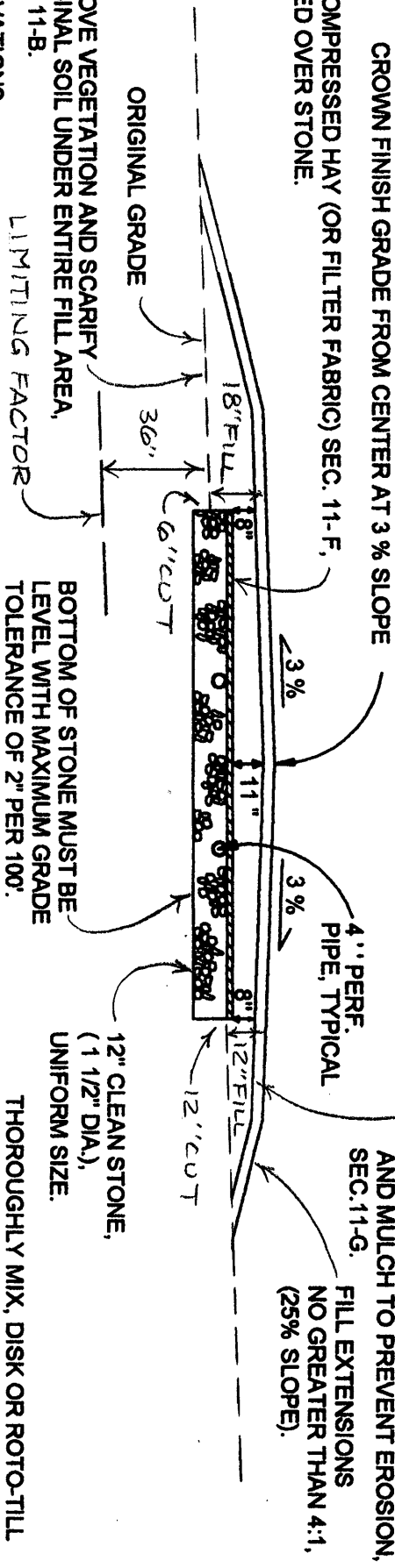
DISPOSAL BED CROSS SECTION

NOTE: GRADE UPSLOPE TO DIVERST SURFACE WATER AWAY FROM SYSTEM.



FILL MATERIAL SHALL BE 8"-12" THICK OVER STONE AND SHALL BE GRAVELLY COARSE SAND TO THE STANDARDS IN SEC. 11-E IN THE SUBSURFACE RULES.

CROWN FINISH GRADE FROM CENTER AT 3% SLOPE
2" COMPRESSED HAY (OR FILTER FABRIC) SEC. 11-F, PLACED OVER STONE.



ELEVATIONS:
ELEV. REF. PT. (ERP): 0"
FINISHED GRADE: -36"
TOP OF DISTRIBUTION PIPE: -49"
BOTTOM OF STONE: -60"

OWNER: MOE OLIVER
LOCATION: LAMOINE

NOTE: SYSTEM MUST BE INSTALLED ACCORDING TO THE RULES AND PRACTICES SET FORTH IN THE MOST CURRENT VERSION OF THE STATE OF MAINE SUBSURFACE WASTEWATER DISPOSAL RULES. INSTALLATION CONTRACTOR MUST BE FAMILIAR WITH SAID RULES AND CONSTRUCT SYSTEM IN FULL COMPLIANCE WITH SECTION 11 OF SAID RULES.

WILLIAM A. LABELLE, JR.

S.E.# 319

DATE 8-9-13